C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

June 4, 2009

Ferren Weeks, Administrator Yellowstone Group Homes #2 (Sunnybrook) 560 West Sunnyside Lane Idaho Falls, Idaho 83401

RE: Yellowstone Group Homes #2 (Sunnybrook), Provider #13G064

Dear Mr. Weeks:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Yellowstone Group Homes #2 (Sunnybrook), on May 13, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- 5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of

Ferren Weeks, Administrator June 4, 2009 Page 2 of 2

correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **June 17, 2009**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

Jayh Bay

TAYLOR BARKLEY Health Facility Surveyor

Facility Fire Safety and Construction Program

TB/lj

Enclosures

p.12

		AND HUMAN SERV & MEDICAID SERVI				FORM	06/04/2009 APPROVED . 0938-0391		
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED			
		13G064				05/1	05/13/2009		
NAME OF F	ROVIDER OR SUPPLIER				STATE, ZIP CODE	-1			
YELLOWSTONE GROUP HOME #2 (SUNNYBR 3245 SUNNYBROOK LANE IDAHO FALLS, ID 83404									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE		
K 000	INITIAL COMMEN	rs	!	K 000	·				
. :	construction. It is for Response sprinkler alarm/smoke detections.	gle story, type V(000) ully sprinklered with C heads. It has a com tion system. This ho February 23, 1998. C DF/MR beds.	plete fire me was				!		
	applicable fire/life s the Life Safety Cod Existing Residentia Impractical Evacua was conducted und	veyed in accordance afety requirements see, 2000 edition, Chap I Board and Care Oction Capability. The seer 42 CFR 483.470.	et forth in iter 33, cupancy, survey						
	The deficiencies ide listed below.	entified during this su	vey are				!		
	The annual life safe by:	ety code survey was o	onducted						
	Taylor Barkley Health Facility Surv Facility Fire/Life Sa	eyor fety and Construction	Program						
K0056	483.470(j)(1)(i) LIFI STANDARD PROMPT	E SAFETY CODE		K0056	Please refor.	Toplan	6/18/9		
	Where an automati for either total or pa system is in accord 33.2.3.5.2 and activ accordance with 33	c sprinkler system is artial building coverage ance with Section 9.7 rates the fire alarm sy .2.3.4.1. The adequatemented to the authorous systems of the southout the systems of the southout the systems of the system	e, the stem in acy of the	;	The attached of sourceton	/	القالعا		
14500100		prompt evacuation fa	<u> </u>	NIAT/INC	Things by		IVEL DATE		
LABORATO	KY DIKEGTOR'S OR PROV	IDER/SUPPLIER REPRESEI	VIAHVE'S SIG	NATURE	TITLE	,	(X6) DATE		
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.									

FORM CMS-2567(02-99) Previous Versions Obsolete

OLL521

If continuation sheet Page 1 of 5

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/04/2009 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN C	T OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED				
; ,	13G064			B. WING		05/13/2009			
:	ROVIDER OR SUPPLIER	OME #2 (SLINNVRE		-	STATE, ZIP CODE				
YELLOWSTONE GROUP HOME #2 (SUNNYBF 3245 SUNNYBROOK LANE IDAHO FALLS, ID 83404									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SCIDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION			
	NFPA 13D, Standar Sprinkler Systems in Dwellings and Manu Automatic sprinklers not exceeding 24 so exceeding 55 sq. ft. are finished with lattle providing a 15 minus. Exception No. 2: Not Exception No. 3: In capability facilities we system is in accordate for the Installation of automatic sprinklers not exceeding 24 so exceeding 55 sq. ft. are finished with lattle providing a 15 minus. Exception No. 4: In capability facilities up in height, systems in Residential Occup Four Stories in Height Exception No. 5: Not Exception No. 6: Initial is not required for exaccordance with 33. SLOW Where an automatic for either total or par system is in accordance with sign accordance wit	cler system in according for the Installation in One and two Family afactured Homes, is are not required in a provided that such than and plaster or mate the thermal barrier. If sprinkler Systems, are not required in a same with NFPA 13, and in bathrooms, provided that such the thermal barrier. If sprinkler Systems, are not required in a same with NFPA 13, and in bathrooms, provided that such than and plaster or mate thermal barrier. If sprinkler systems, are not required in a same not required in	permitted. closets is not spaces erials acuation prinkier Standard closets is not spaces erial acuation ur stories FPA 13R, Systems cluding m system installed, e, the and	K0056					

Printed: 06/04/2009 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 B. WING 13G064 05/13/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER YELLOWSTONE GROUP HOME #2 (SUNNYBR 3245 SUNNYBROOK LANE IDAHO FALLS, ID 83404 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K0056 Continued From page 2 K0056 33.2.3.4.1. The adequacy of the watar supply is documented to the authority having jurisdiction. Exception No. 1: Not Applicable Exception No. 2: Not Applicable Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft, and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier. Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. Exception No. 5: Not Applicable Exception No. 6: Initiation of the fire alarm system

FORM CMS-2567(02-99) Previous Versions Obsolete

Exception No. 1; Not Applicable.

is not required for existing installations in

Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.

accordance with 33.2.3.5.5.

IMPRACTICAL

33.2.3.5.2.

OLL521

If continuation sheet Page 3 of 5

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/04/2009 FORM APPROVED OMB NO. 0938-0391

	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPI A. BUILDING	L COM		E SURVEY PLETED		
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YELLOWSTONE GROUP HOME #2 (SUNNYBR 3245 SUNNYBROOK LANE IDAHO FALLS, ID 83404									
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K0056	Continued From pa	age 3		K0056					
	Exception No. 2: In evacuation capabilisprinkler system in Standard for the Insin One and Two Fa Manufactured Hom supply, is permitted closets are sprinkle not required in bath ft., provided that su lath and plaster or minute thermal barresception No. 3: No Exception No. 3: No Exception No. 5: In capability facilities uin height, systems i Standard for the Insin Residential Occu Four Stories in Heigh habitable areas and Automatic sprinkler bathrooms not excessuch spaces are fin materials providing Exception No. 6: In	slow and impractical ty facilities, an autom accordance with NFI stallation of Sprinkler mily Dwellings and es, with a 30 minute. All habitable areas red. Automatic sprinkler coms not exceeding ch spaces are finisher aterials providing a rier. In the stallation of Sprinkler apancies up to and Installation of Sprinkler apancies up to and Installation of Sprinkler are not required in a closets are sprinkler as are not required in a 15 minute thermal attitation of the fire alar existing installations in	water and klers are g 55 sq. ed with 15 on our stories FPA 13R, Systems cluding ll red. vided that blaster or barrier. m system						
j	Based on observati determined that the	ot met as evidenced on and record review facility falled to ensu kler system was insp	vit was ure that						

p.16

Printed: 06/04/2009 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLANIOF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 B. WING _ 13G064 05/13/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE YELLOWSTONE GROUP HOME #2 (SUNNYBR 3245 SUNNYBROOK LANE IDAHO FALLS, ID 83404 (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K0056 K0056 Continued From page 4 annually in accordance with NFPA 25. Findings include: During record review on May 13 at 9:43 AM the facility could not produce a current annual fire sprinkler system inspection report. Further observation of the tag on the sprinkler riser revealed it was dated 2007 and the month and day were not noted on the tag. The findings were observed and noted by facility maintenance director and surveyor.

6/16/09

Plan of correction for the fire life safety survey of Yellowstone Group Home #2 (Sunnybrook) conducted May 13th of 2009.

Upon learning of the findings from the survey inspection on May 13th, 3-D Fire Protection the established inspection provider was contacted our deficiencies and scheduled a prompt inspection. The inspections were by the maintenance supervisor Matt Cordon. He discussed completed on May 20 of 2009. A copy of the inspection is enclosed. Mr. Cordon then discussed with the agency their records and lack of notification that the inspections were due. He also discussed the need to properly tag the system. All contact information was verified to ensure their ability to notify us in the future.

In addition the facility's preventive maintenance program will be revised by July 1 to definitely alert the maintenance supervisor of the due dates of preventive maintenance tasks not just leaving it up to contracted services. This will be accomplished by closely tying the preventive maintenance schedule to our monthly administrative calendar which is reviewed at least weekly by all the home administrators. Ferren Weeks the Regional Administrator will be responsible for its completion by July 1.

PRINTED: 06/04/2009 FORM APPROVED

Bureau	of Facility Standards						FORM	APPROVED		
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION 02		(X3) DATE S COMPL			
		13G064		B, WING			05/1	3/2009		
NAME OF	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE					
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	The facility is a sing construction. It is for Response sprinkler alarm/smoke detect built/completed on it is licensed for 6 keeps and the survey was consposed for applicable fire/life so IDAPA 16.03.11 R Care Facilities for the (ICF/MR). The deficiencies identified below. The annual life safe conducted by: Taylor Barkley Health Facility Survented for the survey was considered to the survey was considered by:	gle story, type V(000) ully sprinklered with (heads. It has a con- tion system. This ho February 23, 1998. (CF/MR beds. Inducted in accordance afety requirements so ules Governing Intershe Mentally Retarded entified during this su ety code survey was	Quick nplete fire me was Currently ce with et forth in nediate							
	Buildings on the premeet all the require national codes constandards that are a This Rule is not me Refer to federal def 2567 form. 1. K056 Annual insprinkler system.	pection of the automa	ties must and afety facilities.	MM309	Refer i	to 1500.		6/16/9		
ABORATOR	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESEN	TATIVE'S SIGN	ATURE	TITLE	•		(X6) DATE		
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STATE FOR	M		021198		OLL521		If continua	ation sheet 4 of 1		